Approved through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark C. U.S. DEPARTMENT OF COMMERCE

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ETITION FOR EXTENSION OF	Docket Number (Optional) 003797.84665					
(C)	In re Application of	Matthews, III et al.	<del></del>			
SEP 0 4 2002	Application Number	Filed October 22, 1999				
SEP 0 4 2002	For User Friendly Remote System Interface with Menu Highlighting					
CEMBO .	Group Art Unit Examiner 2173 B. Huynh					
This is a request under the provision response in the above identified ap		a) to extend the pe	riod for filing a			
The requested extension and appro	opriate non-small-enti	ty fee are as follow	us .			
☑ One month (37 CFR)	t 1.17(a)(1))		\$ <u>110</u>			
Two months (37 CF	☐ Two months (37 CFR 1.17(a)(2))					
☐ Three months (37 C	\$					
Four months (37 CF	\$					
☐ Five months (37 CF	\$					
The Commissioner has alreapplication to a Deposit Acceptation to a Deposit Acceptation application to a Deposit Acceptation application and the □ applicant/inventor. □ assignee of record of the Statement under 37 Ceptation attorney or agent under attorney or agent under Registration number if acceptation in the statement under attorney or agent under the statement under	count. by authorized to charge, to Deposit Account I e copy of this sheet. he entire interest. See CFR 3.73(b) is enclosed cord.	ge any fees which Number <u>19-0733</u> . e 37 CFR 3.71 ed. (Form PTO/SE	may be required, RECEIVEL SEP 0 9 2002			
WARNING: Information on this to be included on this form. Provi	form may become p de credit card inforr	ublic. Credit card	d information should not rization on PTO-2038.			
September 3, 2002	School					
Date			Signature			
			istopher R. Glembocki ped or printed name			
TE: Signatures of all the inventors or assignee as if more than one signature is required, see			•			

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (10-01) for use through 10/31/2002. OMB 0651-0032 Office: U.S. DEPARTMENT OF COMMERCE

(37 CFR § 1.129(a))

of a design application

For each additional invention to be examined (37 CFR § 1.129(b))

Request for Continued Examination (RCE)

SUBTOTAL (3)

(\$) 430

Request for expedited examination

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PE-					Complete if Known						
TRANSMITTAL  SER TRANSMITTAL  SER TRANSMITTAL				Applic	Application Number			09/422,654			
				<del></del>	Filing Date			October 22, 1999			
					First Named Inventor			Matthews III, et al.			
Patest fees are subject to annual revision.			Examiner Name		RECE		IVE				
Applicant laims small entity status. See 37 CFR 1.27							B. Huyriri				
Applicant claims small entity status. See 37 CFH 1.27					Group / Art Unit			SEP 0 9 20			
TOTAL AMOUNT OF PAYMENT (\$) 430				Attorn	ey Dock	et No.	0037	97.84665	0 2007		
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☑ Deposit	Account	:	0.00.	,		Fee	Fee	Fee	Fee		
Deposit	Г				\r.	Code	(\$)	Code	(\$)	Fee Description	Fee Paid
Account	- 1	19-0733				105	130	205	65	Surcharge - late filing fee or oath	
Number	L					127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit	Γ			,		139	130	139	130	Non-English specification	
Account		Banner &	Witcoff, Ltd.			147	2,520	147	2,520	For filing a request for reexamination	
Name The Commissioner is sutherized to: (check all that each)					112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
The Commissioner is authorized to: (check all that apply)  ☑ Charge fee(s) indicated below ☑ Credit any overpayments				113	1,840*	113	1,840*	Requesting publication of SIR after			
☐ Charge any additional fee(s) during the pendency of this application ☐ Charge fee(s) indicated below, except for the filling fee						440			Examiner action		
to the above						115 116	110 400	215 216	55 200	Extension for reply within first month  Extension for reply within second	110
		FE	E CALCULAT	ION	··-	]''"	400	210	200	month	
1. BAS	IC FILIN	G FEE				117	920 -	217	460	Extension for reply within third month	
Large Entity	-	nall Entity				118	1,440	218	720	Extension for reply within fourth month	
Fee Fe Code (\$)	- 1		Fee Desc	<u>ription</u>	Fee Paid	128	1,960	228	980	Extension for reply within fifth month	
101 74			Utility filing	j fee		119	320	219	160	Notice of Appeal	
106 33	0 206	6 165				120	320	220	160	Filing a brief in support of an appeal	320
107 51	0 207	7 255	Plant filing	fee		121	280	221	140	Request for oral hearing	
108 74	-			•		138	1,510	138	1,510	Petition to institute a public use proceeding	
114 16	0 214	1 80	Provisiona	al filling fee		140	110	240	55	Petition to revive – unavoidable	
		SUBT	OTAL (1)		(\$) 0	141	1,280	241	640	Petition to revive - unintentional	
O EVEDA (	NI AIRE	EEO				142	1,280	242	640	Utility issue fee (or reissue)	
2. EXTRA (	,LAINI F	EES	Extra	Fee from	Fee	143	460	243	230	Design issue fee	<b>  </b>
		_	Claims	below	ree Paid	144	620	244	310	Plant issue fee	
otal Claims		]- **	= 0	) x	= 0	122	130	122	130	Petitions to the Commissioner	<b>  </b>
idependent laims		<b>]</b>	= 0	×	= 0	123 126	50 180	123 126	50 180	Processing fee under 37 CFR 1.17 (q) Submission of Information Disclosure	
<b>fultiple</b>				' x 🔚	] _ [	120	100	120	100	Stmt	<u> </u>
Dependent  Large Entity		Small E	ntitu	^	] = [0]	581	40	581	40	Recording each patent assignment per property (times number of properties)	
		Fee	Fee			146	740	246	370	Filing a submission after final rejection	<b> </b>

SUBMITTED BY Complete (if applicable)									
Name (Print/Type)	Christopher R	Registration No. Attorney/Agent)	38,800	Telephone	202-508-9100				
Signature	Nex 1 /83	03 For Christyle R. 96	nboeki	Date	September 3, 2002				

149

179

169

740

740

900

Other fee (specify)

249

279

169

\*Reduced by Basic Filing Fee Paid

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Fee Description

original patent

SUBTOTAL (2)

over original patent

Claims in excess of 20

Independent claims in excess of 3

Multiple dependent claim, if not paid

\*\* Reissue independent claims over

\*\* Reissue claims in excess of 20 and

(\$) 0

Code

103

102

104

109

110

Code

203

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(\$)

18

84

280

18

(\$)

42

42

9

\*\*or number previously paid, if greater; For Reissues, see above

9

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